Docket No: ACY33316-D4

Patent

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IN THE WITTED STATES PATENT AND TRADEMARK OFFICE							
In re of App	STAR POL	f: Sridhar Krisl	hna RABI	NDRAN, et al.			
Application	No.:	10/086,169		Group Art No	o.:	1617	
Filed:		February 28	, 2002	Examiner:		Shaojia A	. Jiang
For:		REVERSAL CARCINOM		TIDRUG RESI	STAN	CE IN HUM	IAN COLON
Confirmation		3409					IVED
Customer I	Number:	25291				RECE	INED
Mail Stop Amendment Commissioner for Patents				MMD 423 9964			
PO Box 14						TEOU CEA	TER 2800
Alexandria	, VA 2231	3-1450				TECH CEN	TER 1600/2900
Sir:							
AMENDMENT TRANSMITTAL LETTER							
1. Transmitted herewith for filing is an amendment for this application.							
PETITION FOR EXTENSION OF TIME							
2. (a)	Applicant checked	t petitions for an e below:	extension	of the time for	the to	tal number (of months
		One Month.	Fee in t	ne amount of	\$	110.00	
		Two Months.		he amount of	\$	430.00	
	\bowtie	Three Months.		he amount of	\$	980.00	
	님	Four Months.		he amount of	\$ \$	1,530.00	
		Five Months.	ree in t	he amount of	Φ	2,080.00	

CERTIFICATE OF MAILING 37 CFR §1.10

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number ER672185787US addressed to the Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

NOVIMBIA 1-8,2004

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If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

OR	An extension for month(s) has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested.
(b)	Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Extension fee due with this request: \$980.00

FEE FOR CLAIMS

The fee for claims has been calculated as shown below:

CLAIMS AS AMENDED							
(1)	(2)	(3)	(4)				(5)
FOR	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PAID FOR	NUMBER EXTRA x RATE			ADDITIONAL FEE	
TOTAL CLAIMS	12	26	0	X	\$	18.00	0.00
INDEPENDENT CLAIMS	3	5	0	X	\$	88.00	0.00
MULTIPLE DEPENDENCY FEE	•				\$	300.00	
Total Amendment Fee:				\$0.00			

No additional fee for claims is required.	
Total additional fee for claims required:	\$0.00

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4. Method of Payment of Fees:

Charge Deposit Account No. 01-1425 in the amount of: \$980.00.

A duplicate of this transmittal is attached.

5. Instructions as to Overpayment: Credit any overpayment to Deposit Account No. 01-1425.

6. Authorization to Charge Additional Fees

If any additional extension and/or fee for claims is required, charge Account No. 01-1425.

Respectfully submitted,

Daniel B. Moran

Agent for Applicants

Reg. No. 41,204

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